

**Nevada Weed Management Association 9th Annual Conference**  
**Gold Coast Hotel and Casino, 4000 W. Flamingo, Las Vegas, Nevada**  
**October 12-14, 2004**

**Vendors Invitation to Exhibit and/or Contribute**

The Nevada Weed Management Association invites all interested Vendors to set up an exhibit and/or contribute cash or sponsor an event at our annual conference. The vendor/exhibit room will be across the hall from our main meeting room. The \$300 vendor's fee includes an 8' x 10' exhibit space with a table and chair, conference registration, banquet dinner on Wednesday and lunch on Thursday for one person. Contributions of any amount or sponsorship of events is also welcome. All vendors and sponsors will be acknowledged in the conference program.

Exhibits can be set up anytime after 12:00 noon on Tuesday, October 12. Suggested take down time is before 3 p.m. on Thursday, October 14. There will be a pre-conference pesticide licensure credit class all day on the 12<sup>th</sup> so those setting up right after lunch can catch people who will be attending the pesticide class. The kick off for the conference will be a no-host bar reception at 6:30 p.m. in the conference area hallway. Participants will be encouraged to visit the exhibits to identify the "Weeds we love to hate" on an activity sheet to be placed in the registration packets. Each vendor exhibit will be provided a weed specimen. Those who visit all exhibits and properly identify all the weeds will be eligible for a drawing for a prize.

Room reservations can be made by calling Gold Coast Hotel and Casino at 702-367-7111 or 1-800-331-5334. **Room reservation deadline is September 8<sup>th</sup>, 2004**; rate is \$45/night. Contact Alice Crites, NWMA Exhibits Chair, 702-397-2604 or [critesa@unce.unr.edu](mailto:critesa@unce.unr.edu) for details.

Please detach and return this form by **September 8<sup>th</sup>, 2004**. Make checks out to Nevada Weed Management Association; we also accept VISA/Mastercard and mail to: Alice Crites, P.O. Box 126, Logandale, NV 89201

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**Company Name** \_\_\_\_\_

**Representative's Name and Title** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **e-mail** \_\_\_\_\_

\_\_\_\_\_ **Yes, I want Exhibit Space --- Enclose check for \$300 or provide credit card info.**

\_\_\_\_\_ **Visa/Mastercard number**

\_\_\_\_\_ **Exp date**

\_\_\_\_\_ **Authorized signature**

\_\_\_\_\_ **I do not want an exhibit space but would like to contribute \$** \_\_\_\_\_

I \_\_\_\_\_ **will** \_\_\_\_\_ **will NOT attend the banquet: meal choices** \_\_\_\_\_ **prime rib**  
\_\_\_\_\_ **stuffed game hen**